



Savannah Youth Council

2015-2016

Application Form

Applications Accepted Until April 30, 2015

Name: _____ DOB: ____/____/____
Age: ____ Gender: ____ M ____ F Current Grade: ____
School: _____ GPA: ____
Home Address: _____
City: _____ State: _____ Zip Code: ____-____-____
Home Phone: (____) ____-____ Student Cell Phone: (____) ____-____
E-mail Address: _____

Essay Question: *Please type and attach essay to separate piece of paper*

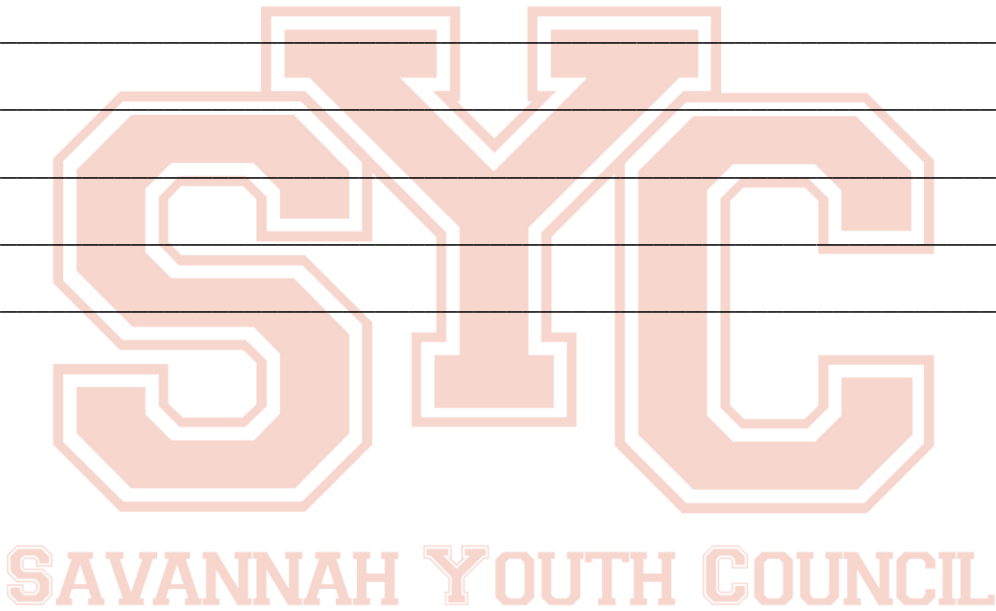
Why do you want to become a member of the Savannah Youth Council?

Extra Questions:

Do you have any community service, extracurricular activities, service, church, clubs, or scholastic achievements that you wish to mention?

Do you have any other commitments that might interfere with your attendance at Youth Council meetings?

What do you think are the greatest needs of youth today in the Savannah Area?



Thank you for your application and interest in the Youth Council Commission. You will be notified as soon as possible.

Parental Consent: I hereby give my permission for my child, named above, to be considered and to participate in Youth Council activities and events.

Signature of Parent or Guardian: _____ Date: _____